



Please return form to: 10028 Ocean Gateway Easton, MD 21601

410-770-8050

## Summer Camp Theme Weeks:

**June 13-August 5**

- Week 1: Bounce Into Summer
- Week 2: Flick Fest
- Week 3: Sports Galore
- Week 4: Animal Antics
- Week 5: Wet N' Wild
- Week 6: Fair Factor
- Week 7: Heatin' Up
- Week 8: Roll Out of Summer



## Camp Includes:

- 1 Pool Trip per Week
- 2 Field Trips per Week
- Snack Time
- Field Trip T-Shirt
- Arts & Crafts
- Movies
- Bounce Houses
- Roller Skating
- AND MORE...

## Talbot County Parks & Recreation Summer Camp

**\$125 Per Week**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender M F

Parent Names (Please Print): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Weeks Attending: (Please Circle)**

**WK1 WK2 WK3 WK4 WK5 WK6 WK7 WK8**

*I acknowledge that I have complete understanding of the potential risk associated with this activity, including injury and death, and I voluntarily agree to assume all such risk. I hereby release, discharge, indemnify, and agree to hold Talbot County, its officers, agents, and employees, harmless from and against any and all liability, claims actions, suits, damages, losses, or injuries of any kind, nature, or description, including without limitation personal injuries and/or death, medical expenses, and economic damages arising or claimed as a result of any act or omission related to the program (s) offered by the Talbot County Department of Parks and Recreation or any affiliated program.*

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date** \_\_\_\_\_

**For Office Use Only:**

**Cash/ Check/ Charge** \_\_\_\_\_ **Date** \_\_\_\_\_ **Staff Initials** \_\_\_\_\_

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## Health History Form

**\*This form must be completed in full in order to participate.\***

Name of Child: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
Last First MI

Parent/Legal Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

*If you are the legal guardian for the summer, please provide is with a notarized letter from legal parent.*

Name of Parent: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Child will be with guardian: From - \_\_\_\_\_ To - \_\_\_\_\_

Please provide (3) emergency contacts and your physician details:

Contact #1: Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact #2: Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact #3: Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Location: \_\_\_\_\_

Phone: \_\_\_\_\_

### **Health History**

Date of Last Medical Physical: \_\_\_\_\_ Date of Last Tetanus Shot: \_\_\_\_\_

Allergies (including medicines): \_\_\_\_\_

If so, please explain reactions: \_\_\_\_\_

Insurance – \_\_\_\_ Yes / \_\_\_\_ No

Name of Insurance: \_\_\_\_\_ Group #: \_\_\_\_\_

*This health history is correct as far as I know, and the person herein described has permission to engage in all program activities except as noted. AUTHORIZATION FOR TREATMENT: I hereby give my permission to the medical personnel selected by the TCDPR and the TOEDPR, to transport my child to the nearest medical hospital. I further grant my permission to order x-rays, routine tests, medical treatment, and necessary transportation for this child. In the event I cannot be reached in an emergency, I hereby grant permission to the Physician(s) or hospital selected by emergency transport to secure and administer treatment, including hospitalization, for the child named above. This completed form may be copied for administrative purposes. Please attach a letter if permission is not granted for the above.*

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

TCDPR • 10028 Ocean Gateway • Easton • MD • 21601 • 410-770-8050 • [www.talbotparks.com](http://www.talbotparks.com)



Child's Name: \_\_\_\_\_

## Medication Form

*Please complete the information requested below for the Summer Camp Medical Log. This information is required for staff to "witness self administered" medications for your child. ALL medications shall have been prescribed by a licensed Medical Physician. The pill container and bottle shall have the following information displayed: name of physician, telephone number of physician, child's name, and dosage. If medication requires a spoon, please bring a spoon with the medication. Please be sure to complete this form in its entirety to ensure the child's safety. This information is required by the State of Maryland Health Department COMAR regulations.*

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Child's Address: \_\_\_\_\_  
Street City State Zip Code

### Medication Information

Medication: \_\_\_\_\_

\_\_\_\_\_

Dosage Directions: \_\_\_\_\_

\_\_\_\_\_

Prescribing Physician: \_\_\_\_\_

Reason For Medication: \_\_\_\_\_

\_\_\_\_\_

Symptoms Without Medication: \_\_\_\_\_

Side Effects: \_\_\_\_\_

Is child capable of self administration? : \_\_\_\_\_ Yes or \_\_\_\_\_ No

If not capable, who will come to the program site to administer medication (include name, phone number and relationship to child)? \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## 2016 Summer Camp Pick Up / Drop Off Authorization Form

Child's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

**Only the following names have my permission to pick up/drop off the above mentioned child:**

Name	Phone Number	Cell Number	Relationship
1. _____			
2. _____			
3. _____			

**\*If the name of the person(s) picking up the child is not listed, the child will not be released and the Talbot County Sherriff's Department may be called.\***

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# **2016 Summer Camp Field Trips**

## **Week 1: June 13<sup>th</sup>-17<sup>th</sup>**

- Monday- TCCC
- Tuesday- Coco's Funhouse
- Wednesday- George Murphy Pool
- Thursday- Trampoline Park
- Friday- TCCC ( Mix Match Day)

## **Week 2: June 20<sup>th</sup>-24<sup>th</sup>**

- Monday- TCCC
- Tuesday- Amped UP
- Wednesday- George Murphy Pool
- Thursday- Easton Movies
- Friday- TCCC ( Disney Day)

## **Week 3: June 27<sup>th</sup>-July 1<sup>st</sup>**

- Monday- TCCC
- Tuesday- Laser Tag
- Wednesday- George Murphy Pool
- Thursday- Crown Sports Center
- Friday- TCCC ( Sports Jersey Day)

## **Week 4: July 4<sup>th</sup>-8<sup>th</sup>**

- Monday- TCCC
- Tuesday- Washington Zoo
- Wednesday- George Murphy Pool
- Thursday- Environmental Center
- Friday- TCCC ( Animal Print Day)

## **Week 5: July 11<sup>th</sup>-15<sup>th</sup>**

- Monday- TCCC
- Tuesday- Kent County Pool
- Wednesday- George Murphy Pool
- Thursday- Killen's Pond
- Friday- TCCC ( Hawaiian/Beach Day)

## **Week 6: July 18<sup>th</sup>-22<sup>nd</sup>**

- Monday- TCCC
- Tuesday- Frontier Town
- Wednesday- George Murphy Pool
- Thursday- Harrington Fair
- Friday- TCCC ( Hat Day)

## **Week 7: July 25<sup>th</sup>-29<sup>th</sup>**

- Monday- TCCC
- Tuesday- EVFD
- Wednesday- George Murphy Pool
- Thursday- Port Discovery
- Friday- Kilnborne Creations ( Crazy Hair)

## **Week 8: August 1<sup>st</sup> -5<sup>th</sup>**

- Monday- TCCC
- Tuesday- Bowling
- Wednesday- George Murphy Pool
- Thursday- Trampoline Park
- Friday- TCCC (Pajama Day)

**\*Schedule is subject to change**



# Talbot County Department of Parks and Recreation

## Summer Camp 2016 Parent Policy Manual



## **Payment and Cancellation Policy**

Payment must be made prior to children attending camp and may be done in the following methods:

### **A. FULL PAYMENT**

Select the **Day Camp Sessions** your child will be attending and pay with cash, personal check or credit card for the full amount.

### **B. WEEK BY WEEK PAYMENT**

Select the **Day Camp Sessions** your child will be attending and pay weekly with cash, personal check or credit card. Payment must be received no later than Thursday evening by 4:30pm in order to attend camp the following week. However, as camp fills up quickly, this will not reserve future dates that might have filled up prior to your payment.

**Cancellation policy:** Registration fees offset the cost of planning and scheduling of programs and trips. Please see the cancellation policy below to receive a refund for a week that you have previously registered for.

- **FULL REFUND:** To receive a full refund for cancellation, it must be done 10 business days in advance. (before Thursday at 4:30pm)
- **50% REFUND:** To receive a 50% refund for cancellation, it must be done 5 business days in advance. (before Thursday at 4:30pm)
- **NO REFUND:** If you cancel participation with less than 5 business days notice (after Monday 6:00pm), no refund will be given.

All cancellations must be made in writing to the Community Center front desk, NOT Day Camp staff. **No** verbal cancellations will be approved. Please plan ahead, we depend on your participation for a successful program.

## Parent Policy Manual

### Registration

To attend the Talbot County Parks & Recreation Summer Day Camp a registration packet must be filled out completely with payment. You may pick and choose which sessions your camper wishes to attend. Please see the Payment portion of this packet to determine your method of payment. The Acknowledgement page at the end of the packet must be signed prior to camp registration.

### Daily Procedures

For your child's safety, we require you sign your child in and out each day. This will mean you (a parent or designated adult on the enclosed form) **MUST** come into the building and sign your child in and out of camp. No child will be received or released without official authorization from a /person designated on the information form. **IF YOUR CHILD IS NOT SIGNED IN, WE CANNOT BE RESPONSIBLE.** Children are not allowed to leave our supervision until a parent/guardian signs them out. Regardless of age campers are not allowed to sign themselves out. If a change in pick-up procedure is necessary, call 410-770-8050 and give them the person's name and DL# or fill out a written request with the same information provided.

### Forms

The confidential information provided must be mailed or brought into the Parks and Recreation Department before your child attends camp. The confidential form is to aid the counselor in understanding your child and in providing him/her with an enjoyable experience; these forms also provide us with important information in case of an accident. These forms are kept on file at the Talbot County Parks and Recreation Department. Information is released to staff and medical and/or emergency personnel only on a "need-to-know" basis.

### Pick-Up and Drop-Off

Day Camp activity hours are from 9AM to 4PM with the drop off time of 7AM and the pick-up time of 6PM. Doors will not be unlocked until 7AM and there is no supervision until this time. If you are late picking up your child or children after 6pm, a late fee will be charged. That late charge is \$15/child for every 15 minutes beginning with the first late charge beginning at 6:01pm.



### **Lunches**

The campers must bring their own lunch and drink each day. We **do not** have a refrigerator to store lunches. Make sure lunches DO NOT contain food that may spoil without refrigeration. Please write your child's name on his/her lunch box. Iced water will be provided throughout the day.

### **Parent Cooperation**

Parents will be provided with newsletters and special event flyers. Please cooperate with staff by adhering to all policies and procedures. Communication is very important, so talk to the staff and to your child about the program. Your feedback is very important to us.

### **Money brought to camp**

The Talbot Parks & Recreation understands that parents/guardians may send cash with campers for lunches or field trip items. However, we cannot be responsible for money that is lost or misplaced during camp hours. If necessary, to send money with your camper please **LIMIT** this amount to \$10.00.

### **Swimming**

Supervised swimming will be held at the George Murphy Community Pool. You will be responsible for sending your child's swim attire, towel and sunscreen on the designated days. **PLEASE** put your child's name on everything that they bring to camp, towels, sunscreen, swim suits, etc.

### **Injuries**

Camp programs include indoor and outdoor activities and games. The staff will do their best to provide each camper with a safe experience. Parents can help by providing their children with appropriate attire including close-toed shoes and hats.

If your child is seriously injured, the camp directors will take whatever steps are necessary to obtain emergency care. These steps may include but are not limited to:

1. Attempt to contact the child's parent/guardian.
2. Contact your physician or medical center for assistance.
3. Call an ambulance or paramedic.
4. Have the child taken to the hospital in the company of a staff member. (Easton Hospital)

### **Illness/Medication**

Please see the camp director if medication for your child is needed or if your child has any allergies to sunscreen or any outdoor allergies. If a contagious disease is suspected (measles, mumps, chicken pox, poison ivy, lice, etc.) the parents will be notified immediately to pick up the contracted child. Please let us know if your child develops a contagious disease, so we may notify other parents to take necessary precautions.

Medications may be administered only when the following procedures are followed:

1. Authorization Forms: A parent signature is required for antibiotics and over the counter medications
2. Receiving Medication and Form:
  - Completed medication form
  - Medicine in original container
  - Brought in and pick up by parent (NOT camper)
  - All information must be on the container (name, dosage, medicine, etc.)

### **Lost and Found**

Campers are responsible for their own belongings (clothes, coolers, money, etc.) Please put your child's name on everything he/she brings to camp. We will keep a lost and found box at the Day Camp. Lost and found items will be displayed at the end of each day and will be disposed of at the end of each session. The Parks and Recreation Department assumes no responsibility for your child's personal belongings. We strongly discourage campers to bring anything of value to Day Camp.

### **Discipline**

The Talbot County Parks and Recreation bases discipline on respect for the child's self-esteem and respect for others. If the child is having problems in the program, a conference will be arranged between the director and parents. A parent may request a conference anytime they feel one is needed. Any child who is consistently disruptive, refuses to participate, or is a general discipline problem may ultimately be dismissed from the program. The Parks and Recreation Department reserves the right to remove any child from the program if he/she does not obey the rules and regulations.

Behavior that affects other children, counselors or supervisors, such as, but not limited to, swearing, verbally or physically fighting, leaving the group, name-calling, refusal to obey directives of counselors, intimidation and refusal to participate will usually be handled in the following manner:

**FIRST OCCURRENCE:** Child will be counseled on what is appropriate behavior and will receive a verbal warning.

**SECOND OCCURRENCE:** Child will be placed in time out based on the child's age.

**THIRD OCCURRENCE:** Child will receive a written warning. The parent will be advised that the next occurrence will result in a one-day suspension from camp.

**FOURTH OCCURRENCE:** Child will be suspended from camp the following day of camp.

**FIFTH OCCURRENCE:** Child will be removed from camp the remainder of the summer.

**\*NOTE:** *Suspensions and expulsions from camp **WILL NOT** warrant any form of refund. Depending on the situation, certain incidents may receive discipline beginning at a level determined appropriate by the Camp Director.*

The following actions may result in immediate removal from camp: damaging property, sexual harassment, false fire or 911 alarm, fighting/hitting/physically harming or attempting to harm another child or staff member, threatening another child or staff member (in any form). There will be a zero tolerance stance taken on the actions resulting in immediate dismissal without refund. We appreciate your support and cooperation in enforcing these practices. If you have any questions or concerns, please do not hesitate to call the camp director.

### **Camp Attire**

**All campers MUST wear close-toed shoes (i.e. tennis shoes).** Children are encouraged to wear their bathing suits under their clothing on swim days. Restrooms will be available if the child wishes to change clothing.

Campers will participate in a number of activities that may be "messy." We will be doing some arts/crafts as well as some outdoor play. Do not send your child to camp in nice clothing. We will get dirty and wet most camp days.

### **Informational Forms**

Please complete the registration and camper informational forms contained in this handbook. A separate form should be completed for each child attending the program. The information will assist us in providing the safest most effective camp possible for your child. Campers will not be allowed to attend camp if all of the forms have not been signed and returned.

Please deliver informational forms to:

**Talbot Parks & Recreation**  
10028 Ocean Gateway  
Easton, MD 21601  
Phone: (410) 770-8050



### **Acknowledgement Form**

Talbot County Parks & Recreation Summer Day Camp Parent Policy Manual is designed to acquaint you with the Summer Day Camp program and to provide you with information about rules, guidelines, registration and payment options.

Every parent/guardian is required to read, understand and comply with all provisions of the policy manual. It describes many of your responsibilities as an parent/guardian.

If there is anything in the policy manual that you do not understand or have issue with, please discuss it with the Day Camp Director.

I, \_\_\_\_\_ have read, understand and agree to comply with the policies set forth in the Talbot County Parks & Recreation Summer Day Camp Parent Policy Manual.

Signature \_\_\_\_\_ Date \_\_\_\_\_